FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

10 OCT 21 AM 10: 55

			(See instructions)					Office use only			
1.	NAME OF COMMITTEE (in f	ull)		(Check if name is changed)	Exa	mple: If typying, type the lines	12F	Ę4M5			
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COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)											
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2. DATE WWW / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
3. FEC IDENTIFICATION NUMBER C C00384693											
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)											
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete											
Type or Print Name of Treasurer Mr. Jon Anderson											
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NOTE: Submission of false, erroneous, of incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS											
	Office					For further information			FEC E	ORM 1	
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